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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 97 LCM-2

Date: January 9, 1997

Division: Office of Medicaid
Management

TO: Local District Commissioners

SUBJECT: Changes to 18 NYCRR 360-6.4
(Restricted Recipient Program)

ATTACHMENTS: (None)

This letter will advise you of two changes to 18 NYCRR 360-6.4 (Restriction of Recipient Access to Services), which authorizes the Recipient Restriction Program for Medicaid recipients (RRP).

The Recipient Restriction Program, which has been in effect since 1981 has been expanded to include a new category of service, inpatient hospital care, in cases where abuse has been documented. A recipient may be subject to an inpatient hospital restriction when that individual has received multiple inpatient hospital discharges, for the same or similar conditions, which are more than necessary according to acceptable medical practice. This includes, but is not limited to, discharges against medical advice.

An inpatient hospital restriction requires the recipient to receive all non-emergent care from a designated hospital provider. A person who is restricted to a primary inpatient hospital must also be restricted to a primary physician or clinic, which has admitting privileges or a professional affiliation with the primary hospital.

A recipient who is restricted to a primary inpatient hospital may receive inpatient services at other hospitals, either in emergency situations or when referred by the primary physician, clinic, or primary inpatient provider.

For cases in which recipients are found to have inappropriately utilized inpatient hospital services, local districts will receive written documentation recommending restriction (Recipient Information Packet [RIP]) to both a primary inpatient hospital, and a primary clinic or physician. Current notices of intent can be used for this purpose, modified to reflect the correct restriction type. Hospital restrictions may be entered on the Restriction/Exception Subsystem of the MMIS system by entering code 09 (a 06 physician or 08 clinic code must be entered before the 09). Districts should assure that the hospital agrees in writing to serve as the patient's primary hospital before the restriction is input into WMS.

18 NYCRR 360-6.4 has also been amended to provide that a recipient may be restricted to a primary physician or clinic when the recipient is determined to have received a pattern of services in a hospital emergency room for a condition which does not require emergency care or treatment. Districts will be sent the appropriate documentation when a restriction is recommended on this basis.

Your agency is strongly encouraged to refer to the Office of Medicaid Management, any persons suspected of being in need of inpatient hospital restrictions.

The above changes will take effect on February 1, 1997. Questions regarding this letter, as well as provider billing inquiries, may be directed to the Office of Medicaid Management at (518) 474-6866.

Ann Clemency Kohler, Director
Office of Medicaid Management